

PATENT Attorney Docket No.:<u>SCI-00100</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

James L. Hobart et al.

Serial No.: 09/018,104

Filed: February 3, 1998

For: DUAL MODE LASER DELIVERY

**SYSTEM PROVIDING** 

CONTROLLABLE DEPTH OF TISSUE ABLATION AND

**CORRESPONDING** 

CONTROLLABLE DEPTH OF

**COAGULATION** 

Group Art Unit: 3735

Examiner: Shay, David M

**CERTIFICATION FOR** 

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37

CFR § 1.97(e)

162 N. Wolfe Road Sunnyvale, CA 94086

(408) 530-9700

Customer No.: 28960

MS: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This certification is being made for the Supplemental Information Disclosure Statement accompanying this certification.

## Certification

I, the person signing below, hereby certify that the printed publication contained in the enclosed supplemental information disclosure statement was cited within an Official Action mailed on January 12, 2007. Accordingly, I hereby certify that no reference contained within this supplemental information disclosure statement was cited in a communication from a foreign patent office in a related foreign application, and, to the knowledge of the person signing the statement, after making reasonable inquiry, no reference contained within this supplemental information disclosure statement was known to any individual designated in §1.56(c) more than three months prior to the filing of this supplemental information disclosure statement. 37 C.F.R. 1.97(e)(2).

CERTIFICATE OF MAILING (37 CFR§ 1.8(a))
I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

HAVERSTOCK & OWENS LLP.

- 1 -

## **Identification of Person Making Certification**

The person making this certification is the attorney who signs below on the basis of the information in the attorney's file.

> Respectfully submitted, HAVERSTOCK & OWENS LLP

Dated: January 22, 2007

Jonathan O. Owens Reg. No.: 37,902

Attorneys for Applicants



Attorney Docket No.: SCI-00100

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**SUPPLEMENTAL INFORMATION** DISCLOSURE STATEMENT

162 North Wolfe Road Sunnyvale, CA 94086 (408) 530-9700

Customer No. 28960

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The citation listed below, copy attached, may be material to the examination of the above-identified application, and is therefore submitted in compliance with the duty of disclosure defined in 37 C.F.R. §§ 1.56 and 1.97. The Examiner is requested to make this citation of official record in this application.

Applicants have become aware of the following printed publication which may be material to the examination of this application:

U.S. Patent No. 5,416,878.

This Supplemental Information Disclosure Statement under 37 C.F.R. §§ 1.56 and 1.97 is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that anyone or more of these citations constitutes prior art.

Respectfully submitted,

Attorneys for Applicants

HAVERSTOCK & OWENS LLP

Reg. No.: 37,902

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FORM PTO-1449 (Modified)

U.S. Department of Commerce Patent and Trademark Office

Attorney Docket No.: SCI-00100

Serial No.: 09/018,104

INFORMATION PISCLOSURE STATEMENT BY APPLICANT

INFORMATION PLACE STATEMENT BY APPLICANT (Use Soveral Sheets If Necessary) (37 CFR § 1.98(b))					Applicant: James L. Hobart et al.				
					Filing Date: 2/3/98 Group Art Unit: 3735				
				U.S. PATENT DOC	UMENTS				
Examiner Initials		Serial / Patent Number	Issue Date	Applicant / Patentee		Class	Subclass	Filing	Date
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Examiner: Date Considered:									
EXAMINER: Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.									